

# ● PRINTER RUSH ●

(PTO ASSISTANCE)

|   |                              |                         |
|---|------------------------------|-------------------------|
| Application : <u>10/627,140</u>                               | Examiner : <u>Hoffman</u>    | GAU : <u>1625</u>       |
| From: <u>DS</u>   | Location: <u>IDC</u> FMF FDC | Date: <u>12/29/2005</u> |
| Tracking #: <u>epm 10/627,140</u> Week Date: <u>9/19/2005</u> |                              |                         |

| DOC CODE                                | DOC DATE | MISCELLANEOUS                                |
|---|----------|--|
| <input type="checkbox"/> 1449           | _____    | <input type="checkbox"/> Continuing Data     |
| <input type="checkbox"/> IDS            | _____    | <input type="checkbox"/> Foreign Priority    |
| <input checked="" type="checkbox"/> CLM | _____    | <input type="checkbox"/> Document Legibility |
| <input type="checkbox"/> IIFW           | _____    | <input type="checkbox"/> Fees                |
| <input type="checkbox"/> SRFW           | _____    | <input type="checkbox"/> Other               |
| <input type="checkbox"/> DRW            | _____    |  |
| <input type="checkbox"/> OATH           | _____    |  |
| <input type="checkbox"/> 312            | _____    |  |
| <input type="checkbox"/> SPEC           | _____    |  |

[RUSH] MESSAGE: Renumbered claim 5 (original claim 6)  
depends on a canceled original claim 5, please resolve.

Thank you.

[XRUSH] RESPONSE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INITIALS: \_\_\_\_\_

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.  
 REV 10/04